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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

2

Application Number 10/817,368

Filing Date 04/05/2004

First Named Inventor David Lee Daskocil

Art Unit 3652

Examiner Name

Attorney Docket Number 233499-100007

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Acknowledgment of Receipt postcard
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	JONES DAY		
Signature			
Printed name	Robert W. Dickerson		
Date	November 3, 2006	Reg. No.	29,914

## CERTIFICATE OF TRANSMISSION/MAILING

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/817,368
Filing Date	04/05/2004
First Named Inventor	David Lee Duskocil
Art Unit	3652
Examiner Name	
Attorney Docket Number	233499-100007

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

*David Lee Duskocil*

Name

David Lee Duskocil

Date

10/7/06

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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